

DCFS REGIONAL SAFETY SUMMARY LOG

Submission Date		Quarter <input type="checkbox"/> 1 st (July 1-Sept 30) <input type="checkbox"/> 2 nd (Oct 1-Dec 31) <input type="checkbox"/> 3 rd (Jan 1-March 31) <input type="checkbox"/> 4 th (April 1-June 30)	
Region:		Fiscal Year:	
Office	Trainer	Safety Topic	% Participation
1.			
2.			
3.			
4.			
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11.			
12.			
13.			
14.			
Safety Coordinator: (Printed or Typed)		Safety Coordinator's Signature	